

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only —  
 74711

(1) PLACE OF BIRTH  
 County of York  
 Township of Beaufort  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. Food Registered No. 118  
 (For use of Local Registrar)  
 St.: \_\_\_\_\_ Ward \_\_\_\_\_

(2) Full Name of Child R. V. Serratt If child is not yet named, make supplemental report as directed.  
 (3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 8 20 1916  
To be answered only in event of Twins or Triplets  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME R. V. Serratt  
 (9) PRESENT POSTOFFICE OF FATHER York SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION mech. work  
 (14) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Jessie Webber  
 (15) PRESENT POSTOFFICE OF MOTHER York SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at \_\_\_\_\_ at \_\_\_\_\_ (Hour A. M. or P. M.)  
(Born alive or stillborn)  
 on the date above stated.

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York SC

Given name added from a supplemental report \_\_\_\_\_, 191...  
 Registrar \_\_\_\_\_

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled Aug 21 1916 (28) J. C. Moore Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return: If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.